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| <p style="text-align: center;"><b>LRP</b></p> <p style="text-align: center;"><b>Mo-Hud Harold Cameron Memorial Drivers' School</b></p> <p style="text-align: right;">6/17/04 &amp; 6/18/04</p> <p style="text-align: center;"><b>Competition Drivers School</b></p> <p style="text-align: center;"><b>Sanction Number: 04-DS-39P</b></p>   | <b>REGISTRAR USE ONLY</b>   |
| <p>Except as modified by the enclosed Supplementary Regulations, this event is held under the SCCA General Competition Rules. Checks payable to Mohawk Hudson SCCA. US funds only</p> <p>Entry Fee: \$225</p>  | <b>RACE</b>                 |
| <p>Mail Entry To: Nancy Boice 518-885-0841</p> <p>10 Pheasant Run Email: mohudacca@hotmail.com</p> <p>Ballston Spa, NY 12020</p>   | <b>CAR #</b>                |
| <p><b>DRIVER INFORMATION</b></p> <p><b>Name:</b> _____ <b>Date of Birth:</b> _____</p> <p><b>Street/City/State:</b> _____</p> <p><b>Email:</b> _____ <b>Phone No:</b> _____</p> <p><b>SCCA License No:</b> _____ <b>Region of Record:</b> _____</p> <p><b>License Grade:</b> _____ <b>Expiration Date:</b> _____</p>   | <b>CLASS</b>                |
| <p><b>SPONSOR\ENTRANT INFORMATION</b></p> <p><b>Sponsor:</b> _____</p> <p><b>Entrant Name:</b> _____ <b>SCCA Mbr #:</b> _____</p> <p><b>Entrant Address:</b> _____</p> <p><b>Rental? From Whom?</b> _____</p>  | <b>REGION</b>               |
| <p><b>CAR INFORMATION</b></p> <p><b>Transponder #:</b> _____ <b>Class:</b> _____</p> <p><b>Make/Model:</b> _____ <b>Color:</b> _____</p> <p><b>Desired Numbers:</b> _____/_____/_____</p>  | <b>FEE PAID</b>             |
| <p><b>EMERGENCY CONTACT INFORMATION</b></p> <p><b>Name:</b> _____</p> <p><b>Address:</b> _____ <b>At the Track:</b> _____</p> <p><b>Phone Number:</b> _____ <b>Relationship:</b> _____</p>   |                             |
| <p><b>CREW INFORMATION</b></p> <p style="text-align: right; font-size: small;">To enter the pit area you must be 16 years of age and an SCCA member with proper credentials per GCR 10.1.4. Only Driver or Crew Chief can modify crew list.</p> <p><b>Name:</b> _____ <b>SCCA Mbr #:</b> _____</p> <p><b>Name:</b> _____ <b>SCCA Mbr #:</b> _____</p> <p><b>Name:</b> _____ <b>SCCA Mbr #:</b> _____</p> | <b>MONEY REC'D AT TRACK</b> |
| <p><b>SIGNATURE</b></p> <p style="text-align: center; font-size: small;">It is understood and agreed that the undersigned and the car described above are to compete under the General Competition Rules and these Supplementary Regulations</p> <p><b>Driver:</b> _____ <b>Entrant:</b> _____</p>   |                             |

| DRIVER MEDICAL INFORMATION   | REGISTRAR USE ONLY                                      |
|--|---|
| <p>Name: _____ Age: ____ Hemophiliac: __</p> <p>Address: _____ Epileptic: __</p> <p>Blood Type: _____ Tetanus Date: ____ Asthmatic: __</p> <p>Current Medications: _____ / / Dentures: __</p> <p>Allergies: _____ Diabetic: __</p> <p>Special Conditions: _____ Contacts: __</p> <p>Physician/address/phone: _____ Organ Donor: __</p> | <p>RACE _____</p> <p>CAR # _____</p>                    |
| EMERGENCY CONTACT  |   |
| <p>Notify Whom: _____ Phone: _____</p> <p>Address: _____</p> <p>At Track: _____ Mbr #: _____</p>   | <p>CLASS _____</p>                                      |
| TIMING & SCORING   |   |
| <p>Car Make/Model: _____ Color: _____</p> <p>Driver Name: _____</p> <p>Mbr#: _____ Region: _____</p> <p>Address/City/St: _____</p> <p>Sponsor: _____</p> <p>Transponder #: _____</p>   | <p>RACE _____</p> <p>CAR # _____</p> <p>CLASS _____</p> |

Make Checks payable to Mo-Hud SCCA  
 Mail Entry to: Nancy Boice  
 10 Pheasant Run  
 Ballston Spa, NY 12020

**Worker Contributions-** Contributions to the workers fund are greatly appreciated. You may just add any amount you wish to your check or make a separate donation at Registration. Mohawk Hudson Region matches all driver donations and distributes them via a raffle at the end of the day. Donors are recognized in our program unless anonymity is requested.